

FRATERNAL SOCIETIES
NAIC Company Code: _____
Telephone: _____

COMPANY NAME: _____
Contact: _____
REQUIRED FILINGS IN THE STATE OF: Maine **Filings Made During the Year 2004**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE <i>Postmarked</i>	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	XXX	1	XXX	3/1	NAIC	N
	1.1	Printed Investment Schedule detail (Pages E01-E25)	XXX	1	XXX	3/1	NAIC	N
	2	Quarterly Financial Statement (8 ½" x 14")	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	3	Separate Accounts Annual Statement (8 ½"x 14")	XXX	1	XXX	3/1	NAIC	N
					XXX			
		II. NAIC SUPPLEMENTS			XXX			
	10	Accident & Health Policy Experience Exhibit	XXX	1	XXX	4/1	NAIC	N
	11	Interest Sensitive Life Insurance Products Report	XXX	1	XXX	4/1	NAIC	N
	12	Investment Risk Interrogatories	XXX	1	XXX	4/1	NAIC	N
	13	Long Term Care Experience Reporting Forms	XXX	1	XXX	4/1	NAIC	N
	14	Management Discussion & Analysis	XXX	1	XXX	4/1	Company	N
	15	Medicare Supplement Insurance Experience Exhibit	XXX	1	XXX	3/1	NAIC	N
	16	Risk-Based Capital Report	XXX	1	XXX	3/1	NAIC	N
	17	Statement of Actuarial Opinion	XXX	1	XXX	3/1	Company	N
	18	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	XXX	1	XXX	3/1	Company	N
	19	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	XXX		XXX	3/1		N
	20	Supplemental Compensation Exhibit ¹	1	N/A	N/A	3/1	NAIC	O
	21	Supplement to Valuation Report	XXX	1	XXX	6/30	NAIC	N
	22	SVO Compliance Certification	XXX	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
	23	Trusted Surplus Statement	XXX	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	N
	31	March .PDF Filing	XXX	1	XXX	3/1	NAIC	N
	32	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	N
	33	Separate Accounts .PDF Filing	XXX	1	XXX	3/1	NAIC	N
	34	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	N
	35	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	N
	36	Quarterly Statement Electronic Filing	XXX	1	XXX	5/15, 8/15 & 11/15	NAIC	N
	37	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15 & 11/15		N
	38	June .PDF Filing	XXX	1	XXX	6/1	NAIC	N
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	XXX	N/A	N/A		Company	N
	52	Audited Financial Statements	XXX	1	XXX	6/1	Company	N
	53	Audited Financial Statements Exemption Affidavit	XXX	N/A	N/A		Company	N
	54	Independent CPA	XXX	N/A	N/A		Company	N
	55	Notification of Adverse Financial Condition	XXX	N/A	N/A		Company	N
	56	Report of Significant Deficiencies in Internal Controls	XXX	N/A	N/A		Company	N
	57	Request for Exemption to File	XXX	N/A	N/A		Company	N

¹ The Supplemental Compensation Exhibit is no longer considered confidential and will be made available to the public. This exhibit must be filed with the annual statement.

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: Maine Filings Made During the Year 2004

		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	XXX	0	XXX	3/1	State	N
	102	Certificate of Deposit	XXX	0	XXX	3/1	State	N
	103	Certificate of Valuation	XXX	0	XXX	3/1	State	N
	104	Filings Checklist (with Column 1 completed)	XXX	1	XXX	3/1	State	N
	105	Premium tax	XXX	0	1	3/1	State	D, O
	106	State Filing Fees	XXX	0	XXX	3/1	State	C, O
	107	Affidavit of Filing	XXX	0	XXX	3/1	State	N
	108	Supplemental Health Insurance Reporting	XXX	0	1	3/1	Company	O, P
	109	Mandated Benefit Expense Report	XXX	0	1	3/1	Company	O, P
	110	Advertising Certificate (Rule Chapter 140 §(B))	XXX	0	1	3/1	Company	M, O, P

*If XXX appears in this column, this state does not require this filing, if hardcopy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.